

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
September 18, 2002

Members/Alternates Present: Ms. Marlene Atkins, Ms. Terry Clancy, Mr. Robert Clawson, Mr. Ron Czajkowski, Mr. Martin Hogan, Dr. Ernest Leva, Dr. David Livingston, Dr. Steven Marcus, Mr. Richard Matzer, Mr. Mickey McCabe, Dr. James Pruden, Mr. Craig Reiner, Mr. Robert Resetar, Mr. Fred Steinkopf, Ms. Deborah Timpson, Ms. Sue VanOrden, Dr. Jennifer Waxler, Ms. Susan Way, Mr. Phil Wien

Members/Alternates Absent: Senator Palaia, Mr. Jesus Cepero, Mr. James Davidson, Mr. Robert Hansson, Mr. Donald Murray, Ms. Debbie Murante

DHHS Staff Present: Ms. Bonnie Anderson, Ms. Traci Anderson, Mr. Jim Baca, Mr. Steven Bors, Mr. William Dougan, Mr. William Duffy, Ms. Karen Halupke, Ms. Nancy Kelly-Goodstein, Mr. Chuck McSweeney, Mr. Bryan Reeves, Mr. Don Roberts, Ms. Linda Taglairino

Dr. James Pruden called the meeting to order at 10:10 a.m.

Minutes from June 12, 2002 meeting were approved.
Motion to accept. Seconded. All in favor.

Dr. Pruden presented the Proclamation from Acting Governor Donald DiFrancesco of September 11, 2001 recognizing and commending the New Jersey Emergency Medical Services Council and expressing his appreciation.

BASIC LIFE SUPPORT (BLS) COMMITTEE

The BLS subcommittee met on July 17 at the Middlesex County Fire Academy in Sayreville. The purpose of the meeting was to identify issues facing BLS agencies

in NJ. Members present represented volunteer, non-profit paid, non-profit part paid, municipal, for profit agencies and the NJDHSS OEMS.

A brainstorming session identified the following issues:

Recruitment and Retention – shortage of EMTs;

Training – Costs/Functionality/Timing of courses;

Advocacy – Background checks/Review Good Samaritan Law;

Burnout;

Benefits;

Marketing/Public Relations;

Identification – numbers/rig id/picture;

Minimum standards for inspection – Vehicles/Equipment/Use of Red Lights & Sirens.

The historical number of EMTs paid and volunteer is needed, as well as the historical number of new basic EMTs. The group identified the top four issues as retention, standards, recruitment, and training. The subcommittee decided to return these results to the EMS Advisory Council and seek guidance on which issues to explore.

Motion to accept. Seconded. All in favor.

Discussion:

Mr. McCabe touched on the issue of the Good Samaritan Law, understanding there is a significant void for paid EMTs. Mr. Steinkopf found a general exemption for EMT-Is. There is protection for EMT-Paramedics. There is protection for volunteer agencies and members covered under separate standards and statutes. However, it appears that there is an oversight that paid EMTs are not covered for using AEDs. Mr. McCabe will review legislation and possibly come back with sponsors. EMTs have malpractice insurance through their agency, or they may carry their own insurance. Licensed agencies by the DHSS must have malpractice insurance.

Mr. Steinkopf asked for advice from the Council on which issues to address first. Dr. Pruden stated retention and recruitment are two different things but the concept of maintaining the numbers of volunteers is the critical issue. Mr. Steinkopf said there are not enough EMTs in both volunteer and paid services. Mr. Meyer said in the last six months he has seen a tremendous shortage in EMTs. Dr. Livingston suggested to find out where the people are going and where they are coming from. Focus on retention and recruitment and try to find out why people are leaving.

Motion to accept. Seconded. All in favor.

BY-LAWS

Dr. Waxler stated that at the last meeting we discussed the next officer that needs to be voted on which is the chairperson. Dr. Waxler asked Dr. Pruden if he would be willing to serve again. Dr. Pruden has done an excellent job of bringing this realm together of EMS; diplomatically working with all the groups. Dr. Waxler presented a

By-laws change to increase the number of terms the chair can serve. This change did not come to the committee four weeks before voting. Also, the chairperson will become an automatic member of the executive council once they step down from being chairperson as a continuation of this committee's work.

Motion to discuss the change. Seconded.

Dr. Pruden suggested a term limit on the members of the executive council, and that you can hold only one elected position at one time with a two year term limit. Dr. Waxler made a motion to vote on this as written with the amendment and keep a two-year term; and that you can only serve as one appointed or elected official. It was agreed that the new By-laws will be distributed four weeks before the December meeting and then voted on at the December meeting.

Motion to accept. Seconded. All in favor.

EMS COMMUNICATIONS COMMITTEE

Mr. Resetar stated he has changed employment and now works for St. Barnabas Health Care System at Community Medical Center as the EMS Director.

- Minutes to all 911 Commission meetings now distributed to the EMS Communications Committee Members via E-mail.
 - OETS advises that E911 new network is being worked on. PSAPs and PSDPs that had Rockwell Switches are being changed out. Rockwell Switches support is terminated at the end of this year.
 - NENA next conference is April 2003
 - EMD Guide Card Committee has been restructured, by next communications meeting it is planned that changes to current cards will be completed and submitted for review.
 - TRUNKED Radio System update:
 - Trauma Centers:** are all operational, including UH-UMDNJ, St Joseph's, Cooper, Atlantic City, Morristown, Jersey City Medical Center, Jersey Shore Medical Center, Helene Fuld, Robert Wood Johnson University Hospital, Hackensack University Medical Center, and the Burn Center at Saint Barnabas.
 - MICU STATEWIDE RADIO Network:** Communication Centers operational include-REMCS, HUDCEN, MICCOM, CENCOM, MEDCENTRAL, MONOC, Somerset County, LIFECOM, MEDCOM-Voorhees.
 - The HOSPITAL EMERGENCY RADIO NETWORK** is under construction many hospitals have already agreed to the purchase. These radios will have an alert capability that will allow activation of all or any part of a given region to be alerted simultaneously.
- It was agreed on by those present that the following centers should be eligible to have access on the HERN and should be considered for immediate funding if available through the State of New Jersey: MICCOM, CENCOM, HUDCEN,

REMCS, MEDCOM-Voorhees, Community MEDCOM, HUNTERDON County, MED-CENTRAL, MONOC, Atlantic City MEDCOM, and LIFECOM.

The centers listed above are the primary Regional Communications Centers identified in Emergency Support Function (ESF#8) of the NJ Emergency Operations Plan which have a duty to compile Emergency Bed Status reports during local, county or statewide emergencies. This list should get a letter of support for funding from the State EMS Council to the Commissioner of Health and Senior Services.

- Other Communications Systems that should be allowed access to the system and be eligible if reimbursement is available, these are additional recommended centers: Somerset Co Radio, Burlington Co. Radio, Salem Co. Radio, Gloucester Co. Radio, Camden Co. and Ocean Co. Radio. The centers listed have primary ALS dispatch responsibilities in their respective regions.

The next meeting is scheduled for December 4, 2002.

Motion to accept. Seconded.

Discussion:

Dr. Pruden asked who is going to be at the other end of this hospitalwide radio? Can hospitals communicate with each other directly? Mr. Resetar stated there are going to be three regional communication centers, REMCS, RWJ, and Virtua. A tier will be created to communicate with those radios. Mr. Czajkowski stated the NJ Hospital Association (NJHA) has funded the purchase the 84 radios for the acute care hospitals. The hospitals will then pay the NJHA. Installation is scheduled to begin the 3rd week of October, and should take approximately three months to complete the system. The NJ State Police provided radios to each trauma center and the burn center. Those acute care hospitals which are also trauma centers will have two radios. Mr. McCabe requested a brief presentation at the December meeting on this radio system. Dr. Pruden asked if these radios will be used everyday. Mr. Sasso stated that written guidelines will be provided shortly.

Mr. Reiner stated the current 9-1-1 system is on a Rockwell platform. The platform will be changing to a Verizon product. Verizon is committed to providing service to 2005. The Guidecard Committee has scheduled a number of meetings which have had to be postponed. A meeting was scheduled for last week, but he was unsure if it had taken place. Mr. Steinkopf has requested an advanced copy of the proposed guidecards as well as copies of the 9-1-1 commission meeting minutes.

Motion to accept. Seconded. All in favor.

EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING FUND

Ms. Murante was not present.

Mr. Steinkopf was at the meeting and stated it was the first time in many months that there was a quorum. The group recommended that the 48 CEU limit on reimbursement of the volunteer fund be removed. A proposal was approved to fund magazines for CEU reimbursement (i.e., The Gold Cross). There was language put into the current State budget to cover the release of funds for the purchase of computers for training and a one time \$15,000 allotment to the basic training agencies for equipment purchases. Ms. Way stated that the language is broader. Up to \$2-million to use for the volunteers for recruitment, retention and other initiatives. Possibly the retention initiative can be used as well.

Dr. Pruden stated since this was not an official report there was no need to approve the report.

MICU ADVISORY COUNCIL

Atlantic City has been added as an MICU program. The proposed paramedic regulations are now on the Commissioner's desk and has two more stops to go in their journey to approval. A couple of new drugs were approved on a six-month waiver. LMA utilization by BLS is also on the Commissioner's desk. There was a presentation from the NJ First Aid Council to have the MICU Advisory Board work with them to write the protocol for the use of EpiPens by EMTs. There was a lengthy discussion on standing orders, who should review them, do we need to make them standard, the role of online medical control, should we combine related protocols? All went to the standing orders committee for review. The EMS Coalition will be presenting at the League of Municipalities conference in November. There was a presentation for a waiver for the current regulation (N.J.A.C. 8:41) for how medic units operate in mass casualty or mass patient incidents. There is a new medical director at Hackensack.

Motion to accept. Seconded. All in favor.

Discussion:

There are several bills in front of the Legislature to enable the EMTs to carry EpiPens. The NJSFAC asked that the MICU Medical Advisory Board help develop protocols on how the use of the EpiPen should take place. Presently, the EMTs can assist someone in the use of their own EpiPen. Dr. Leva stated he thought it was two issues. The pediatric and the adult issue. Dr. Leva will provide recommendations for pediatric age group up to 18. Mr. Meyers stated A667 EpiPen bill will be heard tomorrow in East Orange. If this bill passes as proposed, he anticipates problems. The bill dictates how the EpiPens are to be used instead of allowing a medical protocol to dictate use. Mr. Hogan stated that if the Commissioner receives a unanimous agreement from all the MICU programs he will endorse the standing orders. Ms. Way added that the standing orders were reviewed by the Department's attorneys, and legal concerns were raised. The

Department understands that this was unanimously supported at the MICU Advisory Council. The attorneys were concerned that not every medical director was at the meeting. The Department was requesting that every medical director express support for the variance requested.

Motion to accept. Seconded. All in favor

NJPIES

Dr. Marcus stated he would like direction on what the group would like him to report on. The center collects a great deal of data. Nationwide, poison centers had a drop in accidental poisoning calls. Materials are printed in Spanish and English.

Dr. Pruden suggested toxic exposures, statistics before 9-11-01, before anthrax, and exposure to a dangerous chemical. This information would be helpful to focus our attention for training and awareness. Dr. Marcus stated as a point of education, if someone gets an EpiPen stick in their finger, "DO NOT put the finger in hot water," it is the worse thing you can do.

Motion to accept. Seconded. All in favor.

No discussion

NJOEM

Mr. Hansson was not present. No report.

NEW JERSEY STATE FIRST AID COUNCIL (NJSFAC)

October 17 – 21 is the NJSFAC annual convention at Nevele Grand. Detailed information is on the NJSFAC website. There are a number of issues concerning EMT courses. Camden County Community College is charging for books and will not allow minors (16-17) to enroll. Union County College EMT class was cancelled. Students now have less than a week to register into other courses. There is a need for daytime classes. Later in this meeting will be a presentation for an EMT crossover from First Responder. We need to stabilize the number of EMTs in the state. We need numbers on National Registry current pass rate (initial pass rate was 49%). Mr. Steinkopf stated he has been unable to get answers as where the pass rate stands.

Motion to accept. Seconded.

Discussion:

Dr. Pruden asked if we know the pass rate. Mr. Clawson stated getting a statewide pass score is misleading as retests are coded differently. He estimated the current pass rate is 72% at each site(including retest). Courses have seen an increase in the pass rate.

Motion to accept. Seconded. All in favor.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

There was no quorum at the last meeting. The EMSC annual conference will be May 18 and 19, 2003 with the focus on children with special needs. The Department has passed regulations requiring all acute care facilities to have both a pediatric nurse liaison and physician liaison, based upon the recommendations of EMSC. Each hospital was requested to supply the names of their liaisons to EMSC. We received responses from about half of the hospitals with their representatives. There will be two meetings for the liaisons, one in the northern part and one in the southern part of the state to explain the duties and answer any further questions regarding the new regulations. Dr. Leva would like to ask the Council's support on a curriculum recommendation to the Department of Education. The curriculum will require students in public schools to receive education in injury prevention, first aid, cardiopulmonary resuscitation training, and AED training. As a Council, EMSC wrote a letter to the Commissioner of Education and the President of the Board of Education. While AEDs are used predominantly on adults, there is one machine (Phillips) that can be used on pediatric patients. EMSC would recommend that when purchasing an AED, you consider those that are capable of pediatric use.

Motion to accept. Seconded.

Discussion:

Annual conference will be held on a Sunday and Monday because it is targeted to prehospital providers, giving them the opportunity to attend a weekend day or weekday. A question was raised if any other companies are adding the pediatric component to the AEDs? Dr. Leva did not know of any. Ms. Atkins stated there is a pilot program teaching first aid to Atlantic County public schools through Highway Traffic Safety (a spin off of the bystander care curriculum). Ms. Atkins suggested the possibilities of expanding on that program. Ms. Kelly-Goodstein clarified that the letter of endorsement is similar to another letter sent by the Council. The Department of Education is running into obstacles in getting this part of the curriculum adopted.

Motion to accept report. Seconded.

Dr. Leva made a motion to send a letter to the Department of Education Commissioner and to the President of the Board of Education, supporting the addition of AED, first aid, CPR, and injury prevention education.

Motion seconded.

TRAUMA CENTER

Dr. Livingston stated the Trauma Center Council met last Monday. Several issues will affect the Trauma Centers and trauma systems in NJ, specifically, auto insurance protection and personal injury. Over 60% of trauma in the state are auto accident related. Auto insurance and PIP have allowed trauma centers and physicians who work in trauma care a reasonable expectation of renumeration. Auto insurance and PIP are keeping the doors open for the trauma centers. There is a need to reconfigure the statewide trauma registry. Dr. Livingston stated the goal is to reinvent a basic data definition, and to trend data in the state that is of interest. He is hoping to apply for a small grant to keep this effort going. The software is in place, but a small amount of money is necessary to coordinate the data. Dr. Livingston also stated that he is very against RSI by paramedics.

All in favor. Seconded.

Discussion

Dr. Waxler stated that they asked Dr. Nevins to do a literature review for RSI. Dr. Waxler wrote the protocols. There is a lot of good data to support RSI if it is used correctly in certain patient populations. Discussion then ensued regarding the issue of PIP.

All in favor in accepting report.

LEGISLATIVE

Mr. Meyers stated that 242 new bills were introduced, however, not all are EMS related.

S.1227 Fire Service Act needs to be amended. If bill is passed, it will potentially split state/county EMS responsibility into two. The best place to influence the process is the co-presidents of the Senate and the Senate sponsor of the bill. It is at the second reading in the Senate.

The EpiPen Bill is before the Assembly Health Committee tomorrow. The problem is that EMTs will be administering EpiPens to patients without a prescription. This must be set up 120 days after it passes.

S.123 would bring to the Council any related regulations. This bill is moving again.

A.282 request all EMTs be defibrillator certified.

A.453 passed Assembly that requires AEDs in all health clubs.

A.1717 passed the assembly. In the Senate as S.1058.

There are a few bills moving on retention and recruitment, S.107 free day care, low interest mortgage for volunteer EMS personnel.

Motion to accept. Seconded

Discussion:

There was discussion about the A1227 Fire Service Act. There are other organizations that are not in favor of this bill.

Motion to accept. Seconded.

OPERATIONS

The Ambulance Security Committee met on September 4. Their recommendations are as follows:

1. All NJ EMS personnel be issued standardized identification, e.g., a laminated tag bearing a photo of the wearer and his/her NJ Department of Health/Office of EMS identifying provider number and provider expiration date. Tags would be issued by the Office of Emergency Medical Services and authorized by the NJ State Police. OEMS would issue an ID card to EMTs and paramedics at the time of certification in the form of an OEMS-issued provider card. The mechanism by which photos are to be procured might be accomplished by several methods:
 - a. For EMT-B and P candidates – photos could be taken at the time of initial testing, then affixed to the successful candidates' ID;
 - b. Certified EMT-Bs and Ps could send a passport-type photo to OEMS with copies of their already existing certification cards. OEMS would then issue the new ID card affixed with a photo; or
 - c. NJSFAC squads or districts could be responsible for their members' photos that would subsequently be sent to OEMS for official issuance.

No EMS provider would qualify for an ID unless his organization is licensed with the NJDHSS/OEMS or is an NJSFAC affiliated volunteer squad. Must have a mechanism of accountability. Courtesy inspections for non-aligned squads would become available through either the NJSFAC or OEMS.

IDs could be issued on different color stock papers in order to visually differentiate the type of provider, e.g., blue stock for EMTs, yellow stock for paramedics, red stock for MDs, etc.

2. All EMS vehicles – ambulances, rescue trucks, chiefs' cars, etc. – have proper identification visible on the vehicle. Identification would be a decal issued by the NJSFAC or OEMS, and placed in a standardized position immediately visible to security personnel. (This decal might serve two purposes, both an MCI ID and a standard inspection for both licensed and volunteer ambulances.) Color-coding the decal would provide immediate recognition for staging purposes.
3. EMS personnel be trained and certified in multi-casualty incident staging security. Every MCI should employ at least six persons to insure safety of EMS personnel at the time of initial staging. Prior to being allowed at the

- staging area, this security team would identify EMS personnel tags and vehicle identification decals and clear them to stage at a specified area.
4. It is recommended that the NJ EMS Council forward a letter to the NJ Attorney General's office requesting a "Heightened EMS Security Directive" which would state "At the time of a multi-casualty incident, local police authorities will work in concert with the local EMS command to provide surveillance of EMS vehicles and personnel prior to EMS staging." The purpose of this directive is to guarantee trained law enforcement presence at EMS staging areas in discerning any possible threat to EMS security well being.

Motion to accept. Seconded.

Discussion:

Mr. Resetar stated currently there are no criminal background checks for EMTs and medics. There is no safety mechanism for how a person is credentialed. He also questioned if there will be ID expiration dates. Perhaps color coded expiration dates on stickers. Mr. Steinkopf stated he thought the DHSS is the wrong agency to issue standardized identification. He would prefer a local police department issuing the ID. He stated the DHSS does not have enough people to do their mission let alone credentialing. Mr. Steinkopf suggested the local police, the state police, or the county prosecutor could provide the ID. Mr. McCabe stated we want one agency. It was stated there may be funding from the bioterrorism grant to support this task. A template should be created by the DHSS. Mr. Steinkopf stated the standard of care that NJSFAC follows is one First Responder and one EMT in all the volunteer agencies. In some cases there are two EMTs and a driver. Also, the driver will need a standardized ID. Mr. Steinkopf stated the vehicle ID should be in the window, not on the vehicle. Adding security training for MCI staging is an issue. People responsible for the scene should be the ones responsible for having the security training. Regarding the six person security team, you should look for resources other than an EMS agency. Security is a police function not an EMS function. Mr. McCabe stated that training for security may be a three-hour course; it is not known yet. Responders must know when they get to a staging area there is going to be a checkpoint. He stated the last thing police want to deal with is EMS. Police have their own priorities. Mr. McCabe stated we want our own people to do the staging. Ms. Timpson suggested to taking it back to committee for suggestions. Mr. Resetar stated in the ESF#8, an Incident Management Team would be created. Teams would be formed throughout the state. Mr. Meyer suggested to looking at the Attorney General's office for a uniform ID. Some ideas are not realistic. Mr. Hogan stated that expanding on an already existing system with OEMS is most logical. Dr. Pruden asked Mr. McCabe to hold another meeting. Mr. McCabe stated there will be another meeting on September 25 at 7:15 p.m. after the Training Fund & Coalition Meetings at Sayreville. Please respond by email or voice mail if you cannot attend the meeting.

All in favor. Seconded.

PRESENTATION

Mr. Rick Heller presented the NJSFAC Bridge Program from First Responder-D to EMTB. Mr. Heller stated that for NJSFAC volunteer squads, two EMTs are not required to be on every ambulance. The team could be an EMT and a driver or an EMT and a First Responder. See attached Powerpoint presentation. Mr. Scott Maynard of the 6th District stated the Livingston Squad recognized the problem that they were losing their volunteer people. The Livingston Squad has been very successful with recruiting volunteers and training them at the First Responder level. The President of the Livingston Squad, asked the Council to allow creative thinking when making solutions.

Discussion:

Mr. Meyer stated this program is very similar to the 5-point program. The First Responder program covers at least 80% or more of what the EMT program covers. First Responders would have to respond to 100 calls, be supervised by EMTs, complete the Core 13 program, and sit for the state exam. Mr. Steinkopf stated the skill test would be exactly the same test that would be given for a basic. Mr. Steinkopf stated that in the 80s up to the early 90s someone with no experience could challenge the EMT practical and written examination without sitting the 120 hours of training, but sit for 24 hours and pass the same test. Mr. Wein stated no one is going to get a freebee because you have to pass the same exam. It is a way of bringing people in. This is also a way to demonstrate they are sincere to their squad. Dr. Pruden suggested that we be mindful of standards and what is best for the patient. Mr. Heller stated whatever material is lacking in First Responder curriculum is covered in the Core 13. Mr. Steinkopf stated that these people have 60 hours of training and two years of ambulance experience. Mr. Steinkopf believes that after passing the practical and written exams these people will be better at providing patient care than the EMT with no experience. Mr. Maynard stated it is the hands-on training and hands-on experience that gives the responder the ability to do the job properly. Ms. Clancy stated she is also an instructor and she agrees with the concept. Her concern is when teaching a Core 13 they emphasize the bad habits that need to be changed. Mr. McCabe questioned if the National Registry Test can be taken without the 120-hour curriculum. Mr. Clawson stated that an individual is not eligible to take the National Registry test without the 120 hours of training. National Registry has an assessment exam for persons that don't qualify to take the National Registry exam. These individuals would be certified as New Jersey EMTs only. Dr. Pruden stated there is a need for a bridging program. A subcommittee is to be chaired by Dr. Waxler and issues are to be brought back to the next meeting. Mr. Steinkopf stated for the record not to be surprised if legislation is introduced. Dr. Pruden thanked Mr. Heller for making the presentation.

PRESENTATION

Ms. Linda Symanski, a team project field operations supervisor from Project Phoenix, gave a presentation on coping with the aftermath of 9/11/01. They follow the public health/mental health model. Staff will work with families, individuals, first responders, schools, churches, the general public, or anyone directly, or indirectly affected by the disaster of the World Trade Center. They will work with you anywhere or anytime you want. She stated that 33 first responders have committed suicide since 9/11/01, which is a very high number. Services are confidential and free. Dr. Pruden stated that it is up to the Council members to identify groups/individuals at risk. Dr. Pruden thanked Ms. Symanski for her presentation.

PROFESSIONAL EDUCATION

Mr. Clawson stated that the National Registry first time examinations initial pass rate range throughout the state from 90% to 40%. Instructor enrichment sessions are being held at low pass rate sites. Instructors are teaching habit instead of the standards for the national standard training curriculum. The scores have gone up since the instructor enrichment sessions have been conducted. The Hudson County Community College and Jersey City Medical Center are still pursuing their co-sponsored paramedic didactic program, with a potential start date in 2003. The Union County College EMT Program did not submit an application for a fall semester program. Mr. Ed Reade retired after the spring program. Mr. Dinetz and Mr. Clawson met with two deans and the new program coordinator and determined that it was much too late in this semester to conduct an EMT program. Mr. Clawson was told there were only 12 people enrolled in the class. Trying to get more daytime programs will be difficult.

Motion to accept. Seconded. All in favor.

Discussion:

Ms. VanOrden stated the Warren County site requires that before you take an EMT course you need your own stethoscope and BP cuff. Mr. Clawson stated we do not have a regulation for that requirement. Mr. Steinkopf added that the Camden County is requiring the purchase of the book at \$110 besides the \$550 tuition for the course.

Motion to accept. Seconded. All in favor.

OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)

Mr. William Duffy welcomed Mr. Kevin Hayden to the Department of Health and Senior Services. Mr. Hayden is the Director of Hospital and Prehospital Terrorism Preparedness. A new helicopter is being added to the JemSTAR fleet before the end of this year. The revised regulations are sitting in the Commissioner's Office. Two new OEMS staff employees were introduced (Jim Baca and Don Roberts).

Motion to accept. Seconded.

PUBLIC COMMENT

Concerns were raised regarding delays in the site inspections for EMT training sites. Three have been done, with a few more scheduled.

Mr. Bailey gave a comment on training level and crossovers. Doctor's don't have to go to the EMT course, just show up for the exam.

Mr. Resetar made a motion to recommend support of communications equipment, if funding is available, by the Commissioner, by making funding available to dispatch centers.

Motion to accept. Seconded. All in favor.

OTHER BUSINESS

Dr. Pruden recognized Allentown First Aid Squad for hosting our meetings. The next meeting is December 11. Dr. Pruden stated the first item on the agenda at the next meeting is the goals to make EMS in New Jersey better than it is today. The meeting was adjourned at 1:20 p.m.